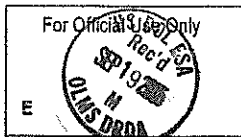


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>13565</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>VINCENT R ROSCHE</u>  P.O. Box, Bldg., Room No., if any  Street <u>5315 RUSSELL ST</u> City <u>TAMPA</u> State <u>FL</u> ZIP Code + 4 <u>33611-4046</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> <u>LOCAL #74</u> Labor Organization File Number <u>055512</u>  P.O. Box, Building and Room Number, if any  Street <u>8406 N. Hwy. 301</u> City <u>TAMPA</u> State <u>FL</u> ZIP Code + 4 <u>33637-6789</u>
5. Position in labor organization. <u>BUSINESS AGENT / FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NATIONAL ELEVATOR INDUSTRY</u> Trade Name, if any: <u>EDUCATIONAL PROGRAM</u>  P.O. Box, Bldg., Room No., if any  Street <u>ELEVEN LARSEN WAY</u> City <u>ATHLEBORO FALLS</u> State <u>MA</u> ZIP Code + 4 <u>02763-1068</u>	7.a. Nature of Interest, Transaction, or Income. <u>APPRENTICESHIP COMMITTEE DINNER</u> <u>MEETING 11-15-04</u>  7.b. Amount. <u>\$ 34.40</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Vincent R Rosche</u>	On <u>9-12-05</u>	<u>813-988-0950</u>
	Date	Telephone Number



# NATIONAL ELEVATOR INDUSTRY

## *Educational Program*

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • (508) 699-2200

Fax: (508) 699-2495

## Memorandum

July 20, 2005

To: Those required to file an LM-30 Report

Subject: Reimbursement and expenses received from NEIEP

Enclosed is information concerning the amount of reimbursed expenses paid by NEIEP to you for your work with the program for the calendar year January through December 2004. Upon advice of our accountant this information is being supplied to you to assist if you are required to file an LM-30 form with the Department of Labor. If you are not required to file an LM-30 simply disregard this memo.



# NATIONAL ELEVATOR INDUSTRY

## *Educational Program*

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • (508) 699-2200  
Fax: (508) 699-2495

Apprenticeship Committee Dinner Meeting 11-15-04

Vince ~~Rosche~~ 34.40  
ROSCHE



*Carabbas  
Tampa, FL*